FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90045 011 ****61.25

0036351

DOCUMENT # 703689

1. Corporation Name
SUNRISE VILLA INC

Principal Place of Business	Mailing Address
915 INTRACOASTAL DRIVE FT. LAUDERDALE FL 33304	915 INTRACOASTAL DRIVE FT. LAUDERDALE FL 33304

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/12/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1059587 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BEGIN, MARCEL
915 INTRACOASTAL DR #8
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name: SHARON M. KUBAT
82 Street Address (P.O. Box Number is Not Acceptable): 915 INTRACOASTAL DR #4
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33304

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: SHARON M. KUBAT — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — PD — DATE: 4/29/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	BEGIN, MARCEL		1.2 NAME	SHARON M. KUBAT
STREET ADDRESS	915 INTRACOASTAL DRIVE		1.3 STREET ADDRESS	915 INTRACOASTAL DR #4
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33304
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAND, VERA		2.2 NAME	
STREET ADDRESS	915 INTRACOASTAL DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	OLDHAM, ANNE		3.2 NAME	
STREET ADDRESS	915 INTRACOASTAL DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	BEGIN, HELENE		4.2 NAME	TAMMY SVBODA
STREET ADDRESS	915 INTRACOASTAL DRIVE		4.3 STREET ADDRESS	915 INTRACOASTAL DR #3
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		4.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33304
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED ANNE OLDHAM STD 4/29/99 954-561-1767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #